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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	GEMS:0121/yod 15-EC-5772	Total Pages	68
	First Named Inventor or Application Identifier			
	Christopher Japp			
	Express Mail Label No.	EL 652 334 840 US		

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification <small>Total Pages 25</small> <small>(preferred arrangement set forth below)</small> -Descriptive -Cross References to Related Application -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <small>Total Sheets 5 Total Pages 15</small>	ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(where there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Other
4. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed) [Note Box 5 below]</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
5. <input type="checkbox"/> Incorporation By Reference <small>(useable if Box 4b is checked)</small> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	

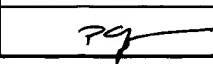
17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ / _____					
18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label <input checked="" type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small>					
NAME	Patrick S. Yoder				
	Fletcher, Yoder & Van Someren				
ADDRESS	P.O. Box 692289				
CITY	Houston	STATE	Texas	ZIP CODE	77269-2289
COUNTRY	USA	TELEPHONE	(281) 970-4545	Fax	(281) 970-4503

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL		Complete if Known	
		Application Number	unassigned
		Filing Date	herewith
		First Named Inventor	Christopher Japp
		Group Art Unit	unknown
		Examiner Name	unknown
TOTAL AMOUNT OF PAYMENT	(\$) 1,280.00	Attorney Docket Number	GEMS:0121/YOD (15-EC-5772)

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: 07-0845/GEMS:0121/YOD (15-EC-5772)</p> <p>Deposit Account Number: GE Medical Systems</p> <p>Deposit Account Name:</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;">FEE CALCULATION (fees effective 10/01/00)</p> <p>1. FILING FEE</p> <table style="width: 100%;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>690</td> <td>201</td> <td>395</td> <td>Utility filing fee</td> <td>710.00</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>540</td> <td>207</td> <td>270</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>790</td> <td>208</td> <td>395</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$) 710.00</td> </tr> </tbody> </table> <p>2. CLAIMS</p> <table style="width: 100%;"> <thead> <tr> <th colspan="2"></th> <th>Extra</th> <th>Fee from below</th> <th></th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>45 - 20 =</td> <td>25</td> <td>X 18</td> <td>=</td> <td>450.00</td> </tr> <tr> <td>Independent Claims</td> <td>4 - 3 =</td> <td>1</td> <td>X 80</td> <td>=</td> <td>80.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims</td> <td></td> </tr> </tbody> </table> <table style="width: 100%;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>11</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>78</td> <td>202</td> <td>41</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent claim</td> </tr> <tr> <td>109</td> <td>82</td> <td>209</td> <td>41</td> <td>Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>22</td> <td>210</td> <td>11</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$) 530.00</td> </tr> </tbody> </table>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	101	690	201	395	Utility filing fee	710.00	106	330	206	165	Design filing fee		107	540	207	270	Plant filing fee		108	790	208	395	Reissue filing fee		114	150	214	75	Provisional filing fee		SUBTOTAL (1)					(\$) 710.00			Extra	Fee from below		Fee Paid	Total Claims	45 - 20 =	25	X 18	=	450.00	Independent Claims	4 - 3 =	1	X 80	=	80.00	Multiple Dependent Claims						Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	103	18	203	11	Claims in excess of 20	102	78	202	41	Independent claims in excess of 3	104	270	204	135	Multiple dependent claim	109	82	209	41	Reissue independent claims over original patent	110	22	210	11	Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)					(\$) 530.00	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Patrick S. Yoder	Reg. Number	37,479
Signature		Date	December 22, 2000
		Deposit Acct. User ID	07-0845/GEMS:0121/ (15-EC-5772)